

## U.S. DEPARTMENT OF COMMERCE

RECORDATION FORM COVER SHEET  
PATENTS ONLYPatent and Trademark Office  
Docket No.7034612001

To the Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.

1. Name of conveying party(ies): Michael P. Wallace	2. Name and address of receiving party(ies):  Name: SCIMED Life Systems, Inc. Address: One Scimed Place City: Maple Grove State: MN Zip Code: 55311-1566
Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
3. Nature of conveyance:  <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other:	Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Execution Date: July 23, 2003	

## 4. Application number(s) or patent number(s):

If this document is being filed with a new application, the execution date of the application is: July 23, 2003

## A. Patent Application No.(s):

## B. Patent No.(s):

Additional numbers attached?  Yes  No

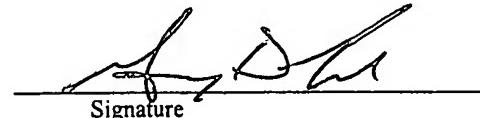
5. Name and address of party to whom correspondence concerning document should be mailed:  Gary D. Lueck Bingham McCutchen LLP Three Embarcadero Center, Suite 1800 San Francisco, CA 94111-4067	6. Total number of applications and patents involved: 1
	7. Total fee (37 C.F.R. § 3.41): \$40.00
	<input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account, referencing Attorney Docket No. 7034612001
	8. Deposit account number: 50-2518

The Commissioner is hereby authorized to charge any fees under 37 C.F.R. §1.21 that may be required by this paper, or to credit any overpayment to Deposit Account No. 50-2518

DO NOT USE THIS SPACE

## 9. Statement and signature.

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.

Name: Gary D. Lueck  
Registration No. 50,791


Signature Date: 7/25/03

Total number of pages comprising cover sheet, attachments and document: 3

Mail documents to be recorded with required cover sheet information to:

Mail Stop Assignment Recordation Services

Director of the US Patent and Trademark

P.O. Box 1450

Alexandria, VA 22313-1450

ASSIGNMENT OF PATENT APPLICATION

WHEREAS, I, Michael P. Wallace, a citizen of the United States (hereinafter referred to as "ASSIGNOR"), have invented and own a certain invention entitled METHOD AND SYSTEM FOR DELIVERING AN IMPLANT UTILIZING A LUMEN REDUCING MEMBER for which application for Letters Patent of the United States of America has been executed on even date herewith; and

WHEREAS, SCIMED Life Systems, Inc., a corporation organized and existing under and by virtue of the laws of the state of Minnesota and having its principal place of business at One Scimed Place, Maple Grove, MN 55311-1566 (hereinafter referred to as "ASSIGNEE"), is desirous of acquiring the exclusive right, title and interest in, to and under said invention and in, to and under any Patent or similar legal protection to be obtained therefor in the United States of America, its territorial possessions and in any and all countries foreign thereto.

NOW, THEREFORE, for good and valuable consideration, the receipt of which is hereby acknowledged, ASSIGNOR hereby sells, assigns, transfers and sets over unto the said ASSIGNEE, its successors and assigns, the full and exclusive right, title and interest to said invention and to all Letters Patent or application or similar legal protection, not only in the United States and its territorial possessions, but in all countries foreign thereto to be obtained for said invention by said application, and to any continuation, division, renewal, substitute or reissue thereof or any legal equivalent thereof in the United States or a foreign country for the full term or terms for which the same may be granted, including all priority rights under the International Convention; and ASSIGNOR hereby authorizes and request the United States Commissioner of Patents and Trademarks, and any officials of foreign countries whose duty it is

to issue patents or any legal equivalent thereof, to issue said patents to ASSIGNEE, its successors and assigns, in accordance with this Assignment.

ASSIGNOR hereby covenants that no assignment, sale, agreement or encumbrance has been or will be made or entered into which would conflict with this Agreement;

ASSIGNOR further covenants that ASSIGNEE will, upon its request, be provided promptly with all pertinent facts and documents relating to said application, said invention and said Letters Patent and legal equivalents as may be known and accessible to ASSIGNOR and will testify as to the same in any interference or litigation related thereto and will promptly execute and deliver to ASSIGNEE or its legal representative any and all papers, instruments or affidavits required to apply for, obtain, maintain, issue and enforce said application, said invention and said Letters Patent and said equivalents in the United States or in any foreign country, which may be necessary or desirable to carry out the purposes thereof.

7/23/03  
Date

  
Michael P. Wallace  
Michael P. Wallace

## CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Alameda

} ss.

On 7/24/03

Date

before me, Heidi Raxon, Notary Public

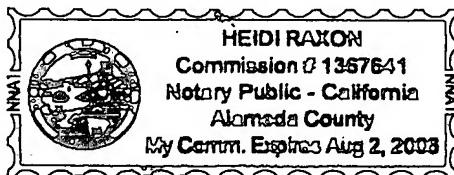
Name and Title of Officer (e.g., "Jane Doe, Notary Public")

personally appeared Michael P. Wallace

Name(s) of Signer(s)

personally known to me

proved to me on the basis of satisfactory evidence



to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.



Signature of Notary Public

### OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

#### Description of Attached Document

Title or Type of Document: \_\_\_\_\_

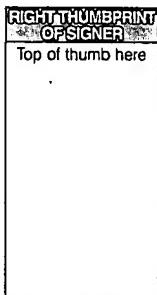
Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

#### Capacity(ies) Claimed by Signer

Signer's Name: \_\_\_\_\_

- Individual
- Corporate Officer — Title(s): \_\_\_\_\_
- Partner —  Limited  General
- Attorney-in-Fact
- Trustee
- Guardian or Conservator
- Other: \_\_\_\_\_



Signer Is Representing: \_\_\_\_\_

**DECLARATION  
Utility Application**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled METHOD AND SYSTEM FOR DELIVERING AN IMPLANT UTILIZING A LUMEN REDUCING MEMBER, the specification of which

(Check One)  is attached hereto OR  
 was filed on \_\_\_\_\_ as United States Application Serial No. \_\_\_\_\_ or PCT International Application No. \_\_\_\_\_ and was amended on \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Date of Filing	Priority Claimed Yes	No

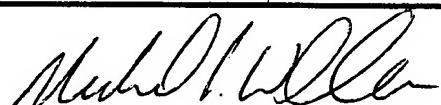
I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application Number	PCT Parent Number	Parent Filing Date	Status-Patented, Pending or Abandoned

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Title 18, United States Code, § 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

201	FULL NAME OF INVENTOR	FIRST Name Michael	MIDDLE Initial P.	LAST Name Wallace
	RESIDENCE & CITIZENSHIP	City Fremont	State or Foreign Country CA	Country of Citizenship USA
	POST OFFICE ADDRESS	43389 Jerome Avenue	City Fremont	CA
INVENTOR'S SIGNATURE				
		DATE <u>3/23/03</u>		